

~ ILMINSTER ~

Urban District Council.



~ ~ THE ~ ~

ANNUAL REPORT

OF THE

Medical Officer of Health,

FOR THE

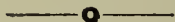
ILMINSTER URBAN DISTRICT,

FOR THE YEAR ENDING . . .

. . . DECEMBER 31st, 1905.

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**MEMBERS OF THE  
ILMINSTER URBAN DISTRICT COUNCIL,  
(for 1905.)**



**John Taylor, Esq., J.P., Chairman,**

**Mr. F. T. Adams,**

**„ R. Coombes,**

**„ R. J. W. Davison,**

**„ T. B. Edmonds.**

**„ J. Grabham,**

**„ L. Hepworth,**

**„ H. M. Hext,**

**„ J. R. Paull,**

**„ S. Rowe,**

**„ J. F. Sanders,**

**„ R. P. Wheadon,**

**M. B. Baker, Esq., Solicitor, Clerk,**

**Dr. Maidlow, Medical Officer of Health,**

**Mr. G. W. Warry, Surveyor and  
Sanitary Inspector.**

## MR. CHAIRMAN AND GENTLEMEN,

I have the honour to present you with the Seventh Annual Report of the sanitary condition and vital statistics of your district for the year ending December 31st, 1905.

<b>ESTIMATED POPULATION,</b>	<b>2,287.</b>	} At Census, 1901.
<b>NUMBER OF INHABITED HOUSES,</b>	<b>546.</b>	
<b>Average Number of Persons per house,</b>	<b>4·18.</b>	
<b>ACRES,</b>	<b>529.</b>	

**Occupation.** Chiefly industrial and trading, some dairy production.

**Geology.** On Liassic Division (chiefly upper and middle layers) of the Jurassic System: Argillaceous limestone (marlstone), micaceous sand, and clays, being the predominant elements.

\* **TABLE I.**

Year.	Population. Estimated to middle of year.	Births.		Deaths under 1 year.		Deaths at all ages. Including inhabitants dying in Public Institu- tions outside the District.	
		Number.	Rate per 1000 of estimated population.	Number.	Rate per 1000 Births registered.	Number.	Rate per 1000 estimated population.
1899†	‡2,282	56	24·5	8	142·8	34	14·8
1900	2,284	54	23·6	5	92·5	31	13·5
1901‡	2,287	48	20·9	8	166·6	40	17·4
1902	2,289	48	20·9	6	125·0	30	13·9
1903	2,291	53	23·1	2	37·7	32	13·9
1904	2,293	52	22·6	4	76·9	22	9·5
1905	2,295	47	20·9	5	106·3	35	10·8

\*Tables I to V after form required by Local Government Board.

†1st year of the formation of the Urban District Council.

‡Last Census.

† These numbers are obtained by supposing the same rate obtains as during the last intercensal period of 10 years, and taking one-tenth of that number as the variation for each year. Thus in 1891 our population has been calculated to 2,266, in 1901—2,287, a decennial increase of 21 or a fraction over 2 per annum (vide County of Somerset Blue Book, 1901.)

**TABLE II.**

**Vital statistics of separate localities in  
1905 and previous years.**

There have been no suspicious or remarkable groupings to render it necessary to fill up this table for so small a district.

**TABLE III.****(Act of 1889.)****CASES OF NOTIFIABLE DISEASES.**

NOTIFIABLE DISEASE.	At all ages.	Under 1	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upw'ds.
Diphtheria	5			2	2	1	
Membranous Croup	1		1				
Erysipelas	4				1	2	1
Scarlet fever	7		3	4			
Enteric fever	1					1	
<b>Totals</b>	<b>18</b>	<b>0</b>	<b>4</b>	<b>6</b>	<b>3</b>	<b>4</b>	<b>1</b>

**TABLE IV.**  
**CAUSES OF, AGES AT,**  
**DEATH DURING THE YEAR.**

CAUSES OF DEATH.	Deaths in the whole District at subjoined Ages.						
	At all ages.	under 1	1 to 5	5 to 15	15 to 25	25 to 65	65 and upw'ds
Diphtheria and Membranous Croup	1		1				
Croup	1	1					
Other Tubercular Diseases	1					1	
Cancer, Malignant Disease	2						2
Bronchitis	2		1				1
Pneumonia	3	2				1	
Other Diseases of Respiratory Organs.	1	1					
Heart Diseases	5					4	1
Accidents	2					1	1
Suicides	1					1	
Senile Decay	7						7
Marasmus	1	1					
All Other Causes	8					5	3
<b>All Causes</b>	<b>35</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>13</b>	<b>15</b>

**TABLE V.**

Giving the causes of death of children under 1 year  
i.e., the "Infantile Mortality."

Croup	1	} Total 5.
Membranous Croup	1	
Broncho-pneumonia	2	
Acute Laryngitis	1	

= a Rate of 106·3 per 1,000 births registered.

Calculated from 47 births and an estimated  
population of 2,295.

Zymotic Death Rate for the 7 chief epidemic  
diseases, as required by the Somerset County Council  
= 0·43 per thousand cases.

### List of Nuisances remedied during 1905.

Nuisance.	
Cesspools Overflowing.	Smoke Nuisance.
1	2
Deposit of Refuse on Highway.	Defective Drainage.
1	10
Pigsties too near dwelling house.	Stone-ware Gullies fixed in place of defective [] traps.
1	18
Repairs to Closets.	Lime Washing.
9	2
Choked W.C.'s and drains.	New Cesspools constructed.
2	2
Defective Kitchen Sinks.	W. C.'s not connected with Sewer.
1	1
Total 50.	

Three Statutory Notices were served during the year;  
in nearly every case the nuisances have been remedied  
without them.

GEO. W. WARRY,  
Sanitary Inspector.

## **VITAL STATISTICS.**

That there has probably been an increase of population since the 1901 census may be judged by the "return" of Inhabited Houses which stand now at 577, against the 546 of that year. There are not many uninhabited houses to be seen, and the newly erected ones are soon occupied.

The 47 births consisted of 24 males and 23 females ; the 35 deaths of 15 males and 20 females. The Infantile Mortality is higher than that of 1904 but is not abnormally high, and affords no indication of anything radically amiss.

## **FACTORY and WORKSHOP ACT, 1901, In connection with Factories, Workshops, Laundries, Workplaces and Homework.**

The Urban Council through its Medical Officer of Health, and Sanitary Inspector, is to have knowledge of the conditions of these places.

There are no laundries within the meaning of the Act. There are 31 workshops including 5 Bakehouses and 3 Slaughter-houses ; and there are 6 centres of work that may be called "workplaces." The 8 factories, within the meaning of the Act, appear to be 3 collar factories, 1 butter factory, 1 brewery, 1 mineral-water factory, 1 printing works and 1 mill.

Connected with the 3 Collar Factories are some 47 home or out-workers, the states of whose premises at home we are directed to inspect. In no case had any notice to be given, whatever seemed to need altering was carried out on verbal suggestions. No matters were notified to H. M. Inspector of Factories, nor was there need to give either (1) notices prohibiting homework in unwholesome premises, or (2) orders prohibiting such work in infected premises.

Careful observations have been made by Mr. Warry and me, and we feel satisfied that the provisions of the Act are efficiently performed.



## INFECTIOUS and CONTAGIOUS DISEASES, 8 Cases.

Of the DIPHTHERIA, 4 occurred in the same house, three arising probably from the first. Diphtheria is apt to be so mild that some cases have to be notified for the sake of safety; for, unnoticed, they are great factors in spreading the infection. Escape of sewer-gas, or its entry otherwise into the house, seems to be the most frequent apparent cause of this disease. There is considerable confusion as regards the significance of CROUP. The term is used loosely and is applied to the cough of a peculiar character. But it may evidence either a form of inflammation of the windpipe called Membranous Croup (from the membranous exudation which is formed), which to all intents and purposes is Diphtheria; or merely a comparatively harmless inflammation or spasm. Unfortunately there is often great difficulty in forming a conclusion so that one may know croup as a dangerous disorder, whilst another will have but slight dread of its occurrence. The doctor may justly be asked "do you mean by your statement 'croup' the simple inflammation or \*Diphtheria." The difficulty leads to great confusion in the various returns, and anxiety about notifying.

SCARLET FEVER has been mild and easily controlled. Its origin has been as obscure as is that of all such mild outbreaks. The case of ENTERIC was obviously imported. As regards ERYSIPELAS, except for the value of a sanitary inspection, this complaint might well be omitted from the list of those compulsorily notifiable.

In the absence of a proper instrument, thorough disinfection is scarcely possible. The Isolated Hospital discussed is one for *Small-pox*, not for Infectious Disease generally.

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\*It may be argued—Membranous Croup is not Diphtheria. Yet its essential treatment is almost universally held to be identical. Bad cases of both need Diphtheria-antitoxin.



**AN ISOLATION HOSPITAL** for Small-pox has frequently been discussed. The main points seem to be 1. Should there be one for us at all? 2. If so, should we have one in combination with another district. The general opinion of councillors appears to be in the negative. Whatever value may be attached to my own opinions I venture to answer both questions affirmatively on the following grounds:- (1) When small-pox comes, as come it may at any moment, isolation in the town, despite its success on a previous occasion, cannot be relied upon; (2) That vaccination is not sufficiently often done in adult life to be a safeguard; (3) That when the time comes provision for isolation would have to be done in a hurry and such panic-provision would probably prove more costly than the forearming and insuring by an Isolation Hospital; (4) That we have the example both of well vaccinated and comparatively un-vaccinated towns such as Leicester to point to its necessity; (5) No suitable spot will be able to be formed in our own vicinity for the erection of one, and that one formed in combination, and paid for in a proportion agreed upon, would save us much trouble. I consider huts would be preferable to a single building. If it be said "why worry so much about small-pox," the answer is, it is a dangerous yet preventible disease. If it be said "will not vaccination and re-vaccination sufficiently performed, suffice? the answers are:- by the present Acts it can not; and it is difficult to conceive of any Act of Parliament in the present, and probably future, state of public opinion, which could cause everyone to be properly protected by vaccination. Were this possible, probably there would be no need of an Isolation Hospital to prevent spread by contact to any dangerous extent.

### **THE SCHOOLS.**

The question has arisen whether the managers have a

right to call in the Sanitary Authority and expect its help in cases of sanitary disturbance or ill-health amongst the scholars. Inasmuch as such conditions may influence the health of the town it would seem they have such a right and expectation. The Medical Officer of Health has also the duty of visiting any place within his district where may be the source of any contagious, infectious or epidemic disease, inquire into the circumstances, and see that all proper precautions are carried out (extract from order of L. G. B., March 23rd, 1891.) But the duties of a Medical Officer of Health do not include advising as to the health of particular children. He has no power of insisting on admission to a school for investigating any nuisance unless it be one within the meaning of Sect. 91 of the Public Health Act, 1875.

### **LABOURERS' DWELLINGS.**

The small cottage at 2/- or 2/6 per week is gradually disappearing from the district, and there seems no likelihood of any being constructed at this small figure in Urban Districts owing to the cost of land and building materials, except it be at a loss to someone. The lowest rent of our new cottages is probably about 4/6, and as these have to conform to the regulations of the District it is hopeless to expect anyone to build and let them for much less. A bad feature in connection with some of the old cottages is the large families crowded into them, although some of these families have relieved congestion by emigration into the country. There has, however, been no special incidence of infectious disease in connection with tenements. If there were, it would be a serious problem to know where they could be properly treated. Landlords should be cautioned against letting these old cottages to tenants with large families. Where they are to "move on" to is however

another matter,—it is a problem at present insoluble all over England.

## **DAIRIES.**

There is still a tendency on the part of some dairymen to hoard up manure too near the byres, and a disinclination to limewash the interiors. Some improvement has been effected upon representation to them but further attention is desirable. In some cases the air-space for cattle is small, and stalls are not suitable for the beasts, the ventilation and drainage being both unsatisfactory.

There seems to be no positive remedy except the entire re-construction of the premises. Attention will have to be paid constantly to these matters and needful alterations kept in view.

The milk stores and utensils are kept clean, the water supplies which are from wells, in most cases, are also apparently good. There has been no incidence of infectious disease traceable to any of the milk supplies.

## **WATER SUPPLY.**

Owing to a deficient rain-fall, the Court Barton supply has caused some inconvenience, the water having been more than 2 feet below its usual level.

Several expedients have had to be resorted to in order to keep the consumers supplied. There has been recently a rise of several inches, so we may hope the worst has passed. There are certain parts of the town badly in want of a suitable supply. Several wells have also run short, these have been cleaned out and with the rising of the springs matters will be improved.

I am inclined to think Goitre is on the increase, but have not been able to trace its association with the water supplied.

## THE SEWAGE FARM

has been frequently inspected, and on the whole has been worked satisfactorily.

## GENERAL SANITATION, &c.

There has been a large number of repairs to drains, &c., during the year, which should add permanently to the health and comfort of the inhabitants. The principal improvement has taken place in Upper Silver Street, where some old dilapidated more or less insanitary cottage property has been demolished, the places of which have been taken by two shops and a cottage built according to plans approved by the Council.

Some improvement has been effected in the difficult matter of the drainage of the Station Road and Winterhay areas.

Thorough scavenging and cleaning have much improved the sanitary states of the streets. The new road-brush is especially valuable. The collecting carts should be improved. It is much to be desired that the Refuse Dépôt should be at some further distance from the town. The collection of Refuse twice a week would be a great help to cottages that have but small space for storing it and its more frequent removal would tend to keep the homes more healthy.

I should also much like to see notices warning against public spitting, a most fruitful cause of the spread not only of consumption but of other similarly communicable diseases.

In conclusion I wish to express my appreciation of the untiring energy of your Sanitary Inspector, who has been of great help to me.

I am, gentlemen,

Yours faithfully,

W. H. MAIDLOW, M.D.,

*Ilminster, January, 1906.*

*(Medical Officer of Health.)*